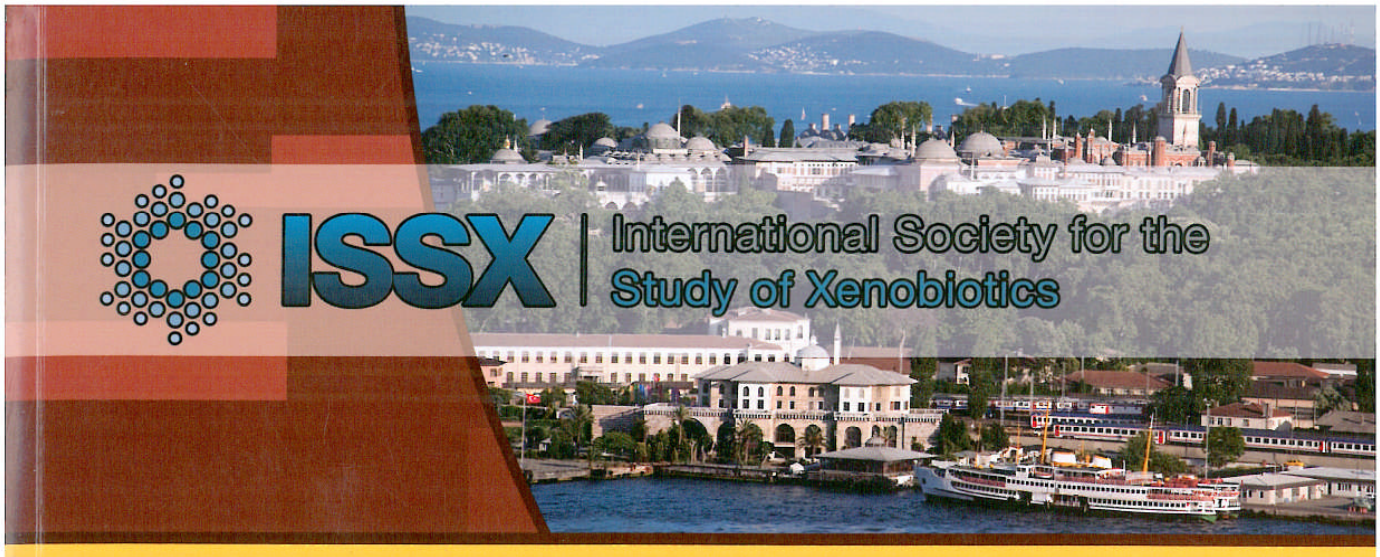

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PROGRAM & ABSTRACTS

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TÜBA

P152. SEIZUROGENIC EFFECTS OF LOW-DOSE NALOXONE IN TRAMADOL OVERDOSE

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Objective: Tramadol is used in treatment of moderate to severe pain. Nowadays tramadol overdose is one of the common emergencies. Naloxone is an antagonist which is used as a first step of treatment in these patients. This study was designed to evaluate the seizurogenic effects of naloxone in tramadol overdose. Methods: 124 patients with the diagnosis of tramadol overdose were divided to receive low-doses of intravenous naloxone (0.8 mg, case group) or just supportive cares (control group). All patients in case and control groups were observed by a single emergency resident and fallowed for 1.5 hours to document the happening of seizures. Results: In the naloxone group, incidence of seizure was higher than in control group. The possibility of seizure occurrence was significantly higher in naloxone group than the control group ($P < 0.05$). Conclusion: Naloxone induced ¬ seizurogenic effect in patients with tramadol overdose. This finding could be considered in the management of patients with tramadol overdose.

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Table 1. Demographic characteristics of 124 patients with tramadol overdose

Variable	Case (N = 62)	Control (N = 62)	p-value
Age(year)	26.33	29.46	0.5
Male	59	55	0.18
Female	3	7	—
Single	35	27	0.15
Married	27	35	

P-value less than 0.05 considered significant

Table 2: Comparison of past medical history of the patients with tramadol overdose between the two studied groups (N = 124).

	Case (N = 62)	Control (N = 62)	p-value
Former drug overdose	24	34	0.07
Former tramadol overdose	8	7	0.78
History of seizure	3	5	0.71
CNS* disease	3	5	038
Alcoholism	0	1	1.00
Cigarette smoking	52	45	0.12

* Central Nervous System

P153. SEQUENTIAL ARABINOSYLCYTOSIN WITH OR WITHOUT FLUDARABINE IN PARACMASTIC PATIENTS OF ACUTE MYELOID LEUKEMIA

Ai-Bin Liang[1], Zhang Hong[1], Yu Fang, Ying Li, De-Qiu Zhu[1], Fang-Yuan Chen[2], Hui-Na Lu[1], Jian-Fei Fu[1], Lan-Jun Bo[1]
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Objective: The synergistic action between Fludarabine(Fa) and Arabinosylcytosin(Ara-C) has been well reported. However, this phenomena doesn't always happen in clinical, and little has been studied on how to decide whether Ara-C can be combined with Fa or not in clinical. The purpose of this study is to assess what the difference of Ara-C's behavior is with or without Fa. Methods: The plasma, cerebrospinal and urinal samples from two self-control groups (Group A with Ara-C only, Group B with Fa + Ara-C) were withdrawn at specific time points, and analyzed with HPLC. Results: The AUC_{0-4} of Group B and Group A was 12.245±3.863 and 5.131±0.936 respectively, which there existed statistics difference ($P=0.016$). The Ara-C dose in Group B was $2g/m^{2}$°Å2, but the AUC_{0-4} was over double than that of Group A ($3g/m^{2}$°Å2); It suggests that there might exist difference in the ratio of C_{Ara-u} and C_{Ara-C} and T_{max} of the two concentrations' ratio between Group A and B; Fa might conduce to the increasing of the concentration of C_{Ara-C} in cerebrospinal fluid; The ratio of $C_{6b\text{-}hydroxycortisol}$ /$C_{cortisol}$(a noninvasive marker for CYP3A enzymes activity) was below 1.5 in the two groups, which was obviously lower than that of healthy subjects. Conclusions: It is indicated that there existed synergistic action between Fa and Ara-C, in which Fa conduces to increasing the concentration and AUC of Ara-C in plasma, and even increasing the Ara-C concentration in cerebrospinal fluid. The obvious change in T_{max} of